



NTSB ACADEMY

COURSE APPLICATION

Course Title: _____

Course ID Code: _____ Course Dates: _____ Tuition: \$ _____

Applicant Information Submit a separate application for each course and for each student.
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Applicant's Name (Last, First, Middle) _____

Are you an NTSB employee? Yes No

Title/Function _____

Organization _____

Mailing Address _____

Please check one: work home

City _____

State _____

Zip _____

Country _____

Telephone _____

Fax _____

E-mail _____

For identification purposes, please provide the month and the day of your birth (i.e., July 4 = 07/04): __ / __

Please print name exactly as it should appear on training certificate: _____

Method of Payment Please select one method below. (NTSB cannot accept cash)
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AMEX VISA MC Discover Diners Club Account# _____

Name as it appears on card: _____ Expiration Date: _____

Is this a U.S. Federal government issued credit card? Yes No

Check Money Order (Make check payable to NTSB in U.S. dollars and submit with application by mail.)

Bill my agency (Please attach one of the following documents: SF-182, DD-1556, or purchase order/contract)

IPAC (Intra-governmental Payment and Collection - U.S. Federal employee use only. Please attach one of the following documents: inter-agency agreement, SF-182, or DD-1556). Complete the following:

Agency Contact & Phone: _____ Agency Location Code (ALC) _____

Contact Information Send completed application and payment by one of the following methods:
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Fax: 571-223-3904

Mail: Registrar, NTSB Academy
45065 Riverside Parkway
Ashburn, VA 20147

PRIVACY ACT STATEMENT: This information is solicited under authority of the Privacy Act of 1974. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request to participate in a program at the NTSB Academy. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of any funds involved.

Keys (For NTSB Academy Use Only) _____